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Bib Data Sheet

CONFIRMATION NO. 9755

<b>SERIAL NUMBER</b> 10/060,142	<b>FILING DATE</b> 02/01/2002 <b>RULE</b>	<b>CLASS</b> 441	<b>GROUP ART UNIT</b> 3617	<b>ATTORNEY DOCKET NO.</b>
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## APPLICANTS

John David Melius, Waldorf, MD;

\*\* CONTINUING DATA \*\*\*\*\*

*02/27/2002*  
This application claims benefit of 60/265581 02/27/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/27/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING.</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

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## TITLE

Ergonomic swim fin apparatus

<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit